

Research Pet and Bird Hospital Reptile History/Husbandry Form

Date _____

PATIENT INFORMATION

Name: _____

Species (common and scientific name, if known): _____

Age: _____

Sex: Male Neutered male Female Spayed female Unknown

How was the reptile sexed? Blood Test (DNA) Surgical Visually

Color/Markings _____

Any specific identification? Tattoo Microchip Other

Please describe ID location and details: _____

Reason For Today's Visit:

What signs have you noticed that prompted today's visit? _____

How long have you noticed the problem? _____

Has the problem gotten worse, better or stayed the same? _____

Have you noticed any of the following signs? (please mark all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Behavior change | <input type="checkbox"/> Change in stool quality | <input type="checkbox"/> Change in appetite |
| <input type="checkbox"/> Lethargy/change in exercise | <input type="checkbox"/> Change in urine/urate
quality/color | <input type="checkbox"/> Change in weight |
| <input type="checkbox"/> Nasal or ocular discharge | <input type="checkbox"/> Change in urine volume | <input type="checkbox"/> Scratching |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Lameness/weakness | <input type="checkbox"/> Skin lesions/abnormalities |
| <input type="checkbox"/> Incr. breathing rate/effort | <input type="checkbox"/> Change in thirst | |
| <input type="checkbox"/> Vomiting/regurgitation | | |

Has your reptile been sick previously? _____

Has your reptile ever been seen by another veterinarian? Yes No _____

Is your reptile currently on any medication? Yes No If yes, please describe: _____

Have any laboratory tests (bloodwork, x-rays, fecal examination, etc.) been performed previously on your reptile? Yes No If yes, please describe: _____

Has any member of your household (human or animal) had an illness in the last month? Yes No

ARE YOU AWARE THAT ANY REPTILE MAY CARRY THE *SALMONELLA* BACTERIA? IF NOT, PLEASE ASK US TO EXPLAIN.

Environment and diet play a fundamental role in the health of exotic pets. In order to obtain the best assessment of your pet's health and therefore provide the most appropriate care, it is very important that we have very detailed information regarding your pet.

General History

How did you acquire your reptile? Store Breeder Other (describe) : _____

Source: Captive bred Wild caught (Imported) Unknown

Date acquired: _____ Age/size when acquired: _____

Reptile is a: Pet Breeder Other (describe) : _____

Has any reproductive activity been noted? Yes No If yes, please describe in detail: _____

When did your reptile last shed its skin? _____ Did the shed appear normal? Yes No

Do you have any other reptiles/pets? Yes No

If yes, please specify species, including ages and when acquired: _____

Has there been any contact between humans or reptiles in your household with any other reptiles in last 1-3 months? Yes No If yes, please describe: _____

Housing

Is this reptile kept: Indoors Outdoors Both Free in the house _____

Is the reptile housed alone? Yes No If no, explain: _____

Describe your reptile's enclosure (size, material, including ventilation): _____

What substrate and other objects are in the cage (astro-turf, sand, gravel, newspaper, PVC, wood, soaking area, hiding areas, plants)? _____

If your reptile is housed in an aquatic environment, please describe any filtration systems in place and list how often they are cleaned/changed: _____

Please describe the heat source(s) including brand and wattage, if known: _____

Are the heat sources thermostat controlled? Yes No If yes, describe: _____

Enclosure temperatures: Basking site: _____ Daytime high: _____ low: _____ Nighttime high: _____ low: _____

How is the temperature measured? (list type of thermometer(s) and location(s) in cage) _____

How close can your reptile get to the heat sources? _____

Describe any sources of humidity: _____ Humidity level/describe how measured: _____

Do you soak your reptile? Yes No If yes, describe frequency and location: _____

Please describe all light sources and list hours of use: _____

Is there a UV or full spectrum light source? Yes No If yes, describe (including type and age of bulb and hours of use): _____

How often is this bulb changed? _____ How far away is the bulb from your reptile? _____

Is there any material (screen, glass, plexiglass, etc.) between the UV light and your reptile? Yes No

Does your reptile receive access to direct sunlight (not through glass or plastic)? Yes No

How often is the cage cleaned? _____ Describe method of cleaning: _____

How often are the food/water dishes cleaned? _____ Describe method of cleaning: _____

Does your reptile hibernate (if applicable)? Yes No If yes, describe location, temperature range and duration: _____

Has the reptile's environment changed recently? Yes No If yes, describe: _____

Diet:

How often is food offered to your reptile? _____

Where is your reptile offered food (own enclosure, separate enclosure, by hand, etc.)? _____

What specific types of foods are offered (please list brands where appropriate as well as amount fed)?

Vegetables/Fruit - Type: _____ Fresh Frozen/thawed Dehydrated Other

Proteins (whole prey, insects*, tofu, meat, eggs) Type: _____

Live Stunned/Fresh killed Frozen/thawed Dehydrated Other _____

*If live insects are fed, are they "gut loaded" before being fed to your reptile? Yes No

If yes, list product used and duration of gut loading prior to feeding: _____

Commercial pellets/canned - Brand: _____

Treats - Type: _____ Other: _____

How much of these foods are actually consumed? _____

Any vitamin/mineral supplements used? Yes No If yes, which brand and how often? _____

Any recent diet changes or new foods? Yes No If yes, describe: _____

How is water offered? Bowl Sipper bottle Other (describe) _____

Which water source do you provide? Tap water Bottled water Well water Rainwater

How often is the water changed? _____